

01-03-02

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1129 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37CFR§1.53(b))		Attorney Docket No.	HME/7679.012	
		First Inventor or Application Identifier		Yunik Chang
		Title	AQUEOUS COMPOSITIONS CONTAINING METRONIDAZOLE	
		Express Mail Label No.	EL915417778US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Federally Sponsored Research - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer readable copy b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages 1]	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.53(d)(2) and 1.33(b)	8. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney when there is an assignee 9. <input type="checkbox"/> English translation document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO 1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input checked="" type="checkbox"/> *Small Entity Statements (PTO/sb/09-12) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired. 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other

* Note for Items 1 & 13: In order to be entitled to pay small entity fees, a small entity statement is required (37 CFR §1.27), except if one filed in a prior application is relied upon (37 CFR §1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group No./Art Unit _____


For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			(Insert customer number or attach bar code label here)		
or <input checked="" type="checkbox"/> Correspondence address below					
Name	Howard Eisenberg, Esq.				
Address	601 S.W. Second Avenue, Suite 1600				
City	Portland	State	Oregon	Zip Code	97204
Country	U.S.A.	Telephone	(503) 227-5631	FAX	(503) 228-4373
Name (print type)	Howard M. Eisenberg		Registration No. (Attorney/Agent)	36,789	
Signature			Date	December 24, 2001	

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FEE TRANSMITTAL				<i>Complete If Known</i>																																																																																																																																																																																											
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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to: Deposit Account Number <u>50-1773</u> Deposit Account Name <u>Howard Eisenberg, Esq.</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 & 1.17				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td></td><td>65 Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td></td><td>25 Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td></td><td>130 Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td></td><td>920* Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td></td><td>1840* Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td></td><td>55 Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td></td><td>195 Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td></td><td>445 Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td></td><td>695 Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td></td><td>945 Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td></td><td>155 Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td></td><td>155 Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td></td><td>135 Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td></td><td>1,510 Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td></td><td>55 Petition to revive - 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Patent Fee Form

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I hereby certify that the design patent application attached hereto entitled AQUEOUS COMPOSITIONS CONTAINING METRONIDAZOLE (22 pages plus 1 drawing sheet), Yunik Chang and Gordon J. Dow, inventors, together with Fee Transmittal form (duplicate), Utility Patent Application Transmittal form, Declaration and Power of Attorney (unexecuted), and the required fees (Credit Card Payment Form), is being deposited with the United States Postal Service "Express Mail to Addressee" on the date indicated above and is addressed to: Box Patent Application, U.S. Patent and Trademark Office P.O. Box 2327, Arlington, VA 22202.


Dwight Bergquist-Moody